

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: Township of Hamilton County: Atlantic
 Employee Organization: Teamsters Union Local 331, IBT Employees in Unit: 44
 Base Year Contract Term: 1/1/2012 12/31/2014 New Contract Term 1/1/2015 12/31/2017
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$2,374,362	\$2,374,362
Item 2	Increment		\$47,487
Item 3	Longevity		
Item 4	College Incentive	\$6,953	\$6,953
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		\$2,381,315	\$2,428,802
		(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$2,381,315

Effective Date (m/d/yyyy)	1/1/2015	1/1/2016	1/1/2017			
Percent Increase	2%	2%	2%			
Total cost of increase ..	\$47,487	\$48,437	\$49,406			
Total base salary (successor agreement)	\$2,428,802	\$2,477,239	\$2,526,645			

Section V: Impact of Settlement - average annual increase over term of agreement

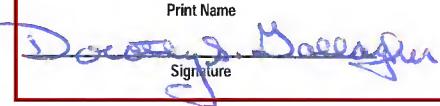
Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$48,443.00

Section VI

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1				
Cost of Health Plan	\$700,395	\$765,664				
Employee Contributions	\$57,413	\$85,109				
Prescription	\$183,225	\$197,518				
Dental	\$50,601	\$28,708				
Vision	\$10,980	\$6,608				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

Dorothy S. Gallagher Print Name  Signature	Title: Chief Financial Officer
Date: 9/8/2015	

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2015 thru 12/31/2017.

Employer: Township of Hamilton

County: Atlantic

Date: 9/8/2015

Name: Dorothy S. Gallagher
Print Name

Title: Chief Financial Officer


Signature